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Application Number	10/748,451
Filing Date	12-30-2003
First Named Inventor	Bonnette, et al.
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	POSSIS

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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Address	1000 Superior Blvd., Suite 302				
Address					
City	Wayzata	State	MN	Zip	55391-1873
Country	US				
Telephone	952-475-1880	Fax	952-475-2930		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Irving R. Colacci, Vice President, Possis Medical, Inc.		
Signature			
Date	1-30-04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

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